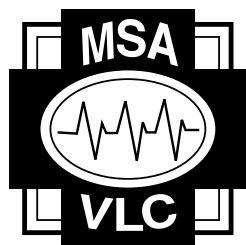


# VIETNAM LAOS CAMBODIA



## MEDICAL & SCIENTIFIC AID NEWS BULLETIN

[www.msavlc.org](http://www.msavlc.org)

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# TRAINING FOR TRADITIONAL MIDWIVES

**T**he Highland Education Development Organisation (HEDO) is a humanitarian organization which aims to develop education, health care and science in the remote mountainous provinces of Vietnam. It was established in 1990 by the Ministry of Education and Training, and although its administration is supported by the Ministry, its projects are funded by foreign charities, trusts and educational establishments.

It was in 1993 that the late Dr Madeleine Sharp, who was then the charity's Honorary Secretary, was introduced to HEDO's founder and Director, Professor Trinh Ngoc Trinh, by Vietnam's Ambassador to London, His Excellency Chau Phong. HEDO was seeking a sponsor to fund training courses for midwives in the remote highlands of Vietnam and the Ambassador felt that it was the kind of project which would appeal to MSAVLC and its' supporters.

Even in 1993, Vietnam had a network of Provincial and District hospitals, each one supported by local health clinics. All the clinics were equipped to give, amongst other functions, advice and assistance during pregnancy, birth and post-natal care. Whilst this system was very effective in lowland Vietnam, there were difficulties with its operation in the highlands, for two main reasons:



1. The remotest villages and hamlets are often many kilometres from their local commune clinic, and transport infrastructure is not well developed. Some of the villages can only be reached by paths on foot, bicycle or motorbike, and these paths can be difficult and dangerous, especially in heavy rain.

2. Many of the people living in the villages are ethnic minorities, with beliefs in superstitions, herbal and spirit medicines, and a distrust of the commune clinic. Moreover it is their tradition to give birth at home, surrounded by their family, with only the village's untrained volunteer midwife in attendance.

These factors resulted in abnormally high mortality rates in highland villages, of the mothers and of the new-born children. It was these factors which led HEDO to create the course of training of traditional midwives in modern methods.

A two-week intensive training course was devised by HEDO officers to be held at

district hospitals, where 100 traditional 'birth attendants' could be trained by professionals to be safe and effective village midwives. Their role would be to identify the pregnant mothers in their village, and encourage them to visit the commune clinic for ante-natal check-ups. Where possible, the mothers would have their babies at the clinic, but if not, the midwife would attend the birth at home and deal with any

difficulties or complications. The midwives' role was extended to include giving health and contraceptive advice, hygiene, nutrition and sex education, and more recently, information about HIV prevention and drug abuse. The traditional birth attendant would thus become the volunteer village midwife/health-care worker. Besides the training course, she would be given a bag containing essential equipment and attend a number of networking follow-up sessions.

It is no surprise that Dr Sharp readily agreed to ask MSAVLC's Executive Committee to fund the first courses in 1998 which were held in Ham Yen and Yen Son Districts, Tuyen Quang Province, at a cost of less than \$10,000 USD per course. That is less than \$100 per midwife!

Since 1998 MSAVLC has funded sixteen midwife training courses in different districts in the Northern Highlands of Vietnam, and many of these have been reported in previous Bulletins. As a result of the training courses, hundreds of lives of

mothers and babies have been saved.

The latest course was held in January this year in Nguyen Binh District, Cao Bang Province, and the 100 midwives of Nguyen Binh are now fully trained, giving advice and support, and delivering babies throughout the district.

Needless to say, the working relationship between Dr Sharp and Professor Trinh grew deeply during the past 15 years. When possible Madeleine would travel from Hanoi to the Northern Highlands to meet trained midwives or open a training course. Professor Trinh would always include a visit to Coventry to meet Madeleine, on his visits to the UK. (The picture opposite shows their last meeting in Coventry in June 2013)

Professor Trinh was devastated to hear of Madeleine's death, he spoke tearfully of his love and respect for her at her funeral in January, and he has written a long letter about their relationship.

An edited version of that letter appears below:-

### **Dr Madeleine Sharp Living in our hearts forever!**

*On hearing of the death of my great friend, I immediately organized an urgent meeting at HEDO to inform them that Dr Madeleine Sharp, a friend for life of HEDO Vietnam, a friend of 1,600 midwives and a friend of millions of ethnic minority mothers and children in the mountainous provinces of Vietnam, has passed away! All the officers of HEDO kept silent, were very sad and read prayers for her to rest in peace and go to the heaven!*

*After the meeting at HEDO, I went to meet with Madam Nguyen Thi Binh, former Deputy State President of Vietnam and Mr Chau Phong, former Ambassador of Vietnam to the UK, to inform them of the death of Dr Madeleine Sharp. All of us were very sad and told each other about memorable times with Madeleine. Madam Binh said that during 1968-69 she attended the Paris Peace Conference and was invited to the UK by Professor Ted Shellard, Chairman of MSAVLC, to talk about the fight to protect Vietnam and create the unification of the two parts of Vietnam. As a result MSAVLC donated medicines, goods and even blood to help Vietnam. Madam Binh asked me to convey her sympathy and condolences to Madeleine's family and to MSAVLC. She expressed her belief that MSAVLC*

*should keep going on the road of Dr Madeline Sharp, to mobilize families and organisations in the whole of the UK, to help Vietnam rebuild the country after the war; especially helping with the health care of the poor people in the mountainous ethnic minority areas, particularly pregnant women and newborn babies. Mr Chau Phong also added his memories of trips together with Dr Madeleine Sharp and Margaret Methley to Quang Binh, Tuyen Quang and Lang Son.*

*Sitting on the plane on the night of January 15th 2014, from Hanoi to London to attend the funeral of Dr Madeleine Sharp, I recalled the past 15 years, as HEDO and MSAVLC cooperated to train 1,600 midwives in 13 districts of 8 northern mountainous provinces of Vietnam. Due to these courses, millions of ethnic minority mothers and children have been looked after safely during their deliveries at*



*home, or in the fields.*

*In the first years that MSAVLC and HEDO started midwife training, the roads to the highland, mountainous provinces in the northern part of Vietnam were very difficult. HEDO's car carried the MSAVLC delegation, together with us, to open the midwives training courses. Sometimes our car climbed up to the top of the mountain, but with the carelessness of the driver we might fly to the sky and become the sky people. And then the car, from the top of the mountain went down to the valley. Then again with the carelessness of the driver we might go to the hell and becoming the earth people. Sometimes it went*

*round and round, but with carelessness our car could run into the river and we might become the water people!*

*Below is a song that I have composed for Dr Madeleine Sharp, for Margaret Methley and all colleagues of MSAVLC, who have been to midwives training courses in the mountainous areas:*

*The road goes to the mountain, very bumpy,  
But women and children hold out their hands!  
So that our car goes quickly,  
Up, up, down, down, round and round.  
The sky very blue,  
The forest very green,  
On the road, many dangers of death.  
Never fear, everything will be all right!  
Hey car! Training midwives courses waiting, waiting.  
We feel happy and laugh, singing, singing!*

*When we reached the training course, Dr Sharp did not usually approach the chairs for the delegates, but she went straight away to the midwives to ask them about their work. At that time the learners included many ethnic minority groups: H'mong, Dao, Tay, Nung, Thai, and San Chi. I asked the organisers to find translators to exchange information with the midwives for Dr Sharp. Thanks to Dr Madeleine's expertise and personality, she has helped me to add many good ideas to enhance the service qualities of the midwives during and after their training.*

*During the past 15 years of cooperation with Dr Sharp I have learnt from her openness and empathy, to understand people's difficulties, and ways of finding good solutions to help them to work effectively and serve more people. She was a bright image of an English woman, full of humanity, and courage to overcome dangers and difficulties, bringing happiness to millions of women and children in the poor areas of Vietnam.*

*Dr Madeleine Sharp, you will live forever in my heart! You will live forever in the heart of millions of ethnic minority mothers and children in Vietnam! The image of Dr Madeleine Sharp is marked in the highland ways, hills, rivers and streams in Vietnam where she walked, to help us deliver midwife training courses.*

*Hanoi, Spring 2014  
Professor Trinh Ngoc Trinh  
Director of HEDO Vietnam*

# OUTREACH CLINIC IN PREY TRALACH – RURAL CAMBODIA

**D**uring our visit to Phnom Penh, Peter and I were invited to accompany two clinicians from All Ears Cambodia to their outreach clinic in Prey Tralach, a small village, deep in the countryside and well off the beaten track. We had been warned that the clinic was difficult to reach and very basic, and that the noise of bugs was a problem, with mosquitoes and other 'winged creatures' flocking to the light! We were told to take torches as there would be no electricity at night, and that the area had been the last stronghold of the Khmer Rouge! It certainly made us think, but we were determined to go!

We set off next day, in a 4x4 with Seyha and Ruth (Root), a little apprehensive, for the 300 kilometre journey. We drove through dusty streets full of traffic; with vans crammed with people and goods, some folk sat on top of the load and others clinging to the sides! Women and children had baskets on their heads containing snails which they had collected from the river.

The road degenerated as we progressed, and was full of potholes making driving difficult. There were ox-carts on the roads, and cows roamed willy-nilly out in front of the traffic. After about five hours we turned off onto a dirt road, very uneven in places and with drainage ditches on each side. The lorry in front of us was kicking up red dust, making vision impossible, and stones were chipping up at the doors and windows. There were shacks along the roadside and bare-footed children in ragged clothes. Dry rice fields were on either side. Large trucks loaded with logs to be chopped for firewood passed us by with difficulty. Muddy pools were being fished by local women.

Eventually we turned off onto what can only be described as a dirt track, which made the previous road seem almost perfect! We drove along this for about an hour, bumping along amid huge craters and gulleys, swerving precariously from one side to the other, at a snail's pace and tossed up and down inside the car. Suddenly we reached a dead-end, as a small stone wall had been constructed blocking us off, and we had to deviate across a field before regaining the track. We wondered where on earth we were going, but eventually we reached the clinic, a surprisingly well-built wooden building, and well stocked with audiology equipment and medicines.



Ruth took us on a tour of their neighbours, who lived in huts scattered nearby. They were very, very poor, their houses made of wood and thatch, and in great disrepair. There had been no rain there for a year now and the land was barren and dry. A few thin cows and chickens roamed around. The men were trying to make a living chopping wood and putting it into kilns to burn for charcoal. Some men had been in trouble with the police for cutting down trees from the forests. The stench from the charcoal burning was quite overpowering.

One lady was chewing beetle nuts, her mouth dripping from the red dye; it is supposed to strengthen the teeth. She called us over and gave us a present of a bunch of

bananas, picked from one of the few mature trees. We did not want to take them from someone so poor, but were told to do so, as she would be offended if we did not.

We returned to the clinic as night was falling and we slept on rather lumpy bed-rolls under our mosquito net, but had to brush out the insects inside the net before settling down. It was absolutely pitch-black and very hot. For some reason, I felt a little scared. There were unfamiliar sounds outside, crickets, geckos calling, dogs barking and owls hooting. The stars were the size of saucers in the black sky. I have never before experienced such darkness and such stillness. I waited in apprehension for the winged creatures that we had been warned about, but fell asleep at last

We awoke at about 6 a.m. to a beautiful day, the mosquito net had worked and we were not bitten. I had a cold shower, feeling very privileged to do so, as we were one of the few houses to possess a well. It was only later that Peter admitted to me that we had shared our bed with a very large spider!

We set off early along a pitted track to a school about an hour away, where Seyha and Ruth were to hold an audiology session. On arrival we were surrounded by what seemed like all of the school's 1,200 children, who



were fascinated by us. The children were all from poor families and wore grubby ill-assorted clothes, but big smiles! Seyha and Ruth set up their make-shift clinic in one of the classrooms, and started work, examining ears and noses, testing hearing and treating ailments with various medicines. A lady from the People's Committee was there to help, and apart from the school children, several villagers called in for treatment also. Children peered in the window to watch and others sat in the classroom waiting their turn. Peter sat by the door attempting to control admission and shooing them away with a broom! Seyha and Ruth worked tirelessly throughout the morning and between them they saw 33 patients.

We had a snack lunch and continued work at about 1 p.m. This started off as before with children being examined and treated, but soon became minor chaos with mums arriving for treatment themselves, leaving the children to run wild. The clinic finished about 4.15 p.m. They had seen 51 more patients, 84 in all! There are fifteen schools in five communes near Prey Tralach, and All Ears visits each school once a month.

We drove back passing the dilapidated shacks on the way. It's all very well to see the poverty, but to live for a short while amongst it, albeit in relative comfort, is an amazingly humbling experience. The people here really have so little, almost nothing. We killed the insects inside the mosquito net before settling down for our second night!

We awoke early to the sound of cocks crowing, dogs barking, and birds singing. Also the rather stifling smell of the wood



smoke. But it was a wonderful morning with a beautiful sunrise. Cows were grazing quietly by the trees; it was very peaceful, the beauty hiding the poverty for a while.

There was a clinic in the morning, and some people had walked from miles around to attend. One old lady arrived with her seven grandchildren. All their parents were away working in Thailand. All seven apparently had ear problems and grandma too!

One young man arrived in obvious distress, with a cockroach in his ear, which Ruth eventually removed. All the patients waiting to be seen were sat on the floor, watching the show in amusement, oblivious

to the poor man's suffering, while Ruth gave them a running commentary. Eighteen patients were seen that morning.

The service provided by All Ears Cambodia is invaluable to this poor community where no other help is available, and it was given in a kind and professional manner.

Later we set off on the bumpy road back to Phnom Penh; it certainly had been an incredible experience for us, but our hearts went out to those we left behind!

We hope that with your donations, MSAVLC will be able to continue funding outreach clinics such as these, well into the future.

*Mary Lidgard  
Honorary Secretary*

## GIFT AID

A good number of donations to MSAVLC were received in June and for all of them, large or small, the Trustees are sincerely grateful.

However our Honorary Treasurer, John Firth, noticed that many of the donations were not accompanied by a completed Gift Aid Form. This means that the charity does not receive the extra 25 pence from the government for every pound donated.

If you are making a donation, and you are a UK taxpayer, would you please complete the Gift Aid Form which comes with the Bulletin, or download a form from our 'Donate' page on our website: [www.msavlc.org](http://www.msavlc.org)

Many thanks.



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